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ABSTRACT

This report presents an introduction to the center, its objectives, and the individualized services it provides to senior citizens. The impact of the Hawaii State Senior Center on the community is presented in three parts: (1) a discussion of the role of the center in the community; (2) an explanation of the center's involvement in joint planning with other agencies; and (3) a description of outstanding center activities of the past year. Statistics collected to assess the attainment of the project's objectives are included in a supplementary report. Findings of a participant evaluation survey indicate that the center is having a favorable impact upon the personal and social life of its participants. (RG)

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HAWAII STATE SENIOR CENTER SECOND ANNUAL REPORT

July 1, 1970—June 30, 1971

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AHABANG BUHAY

Sponsored by the Honolulu Community College

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UNIVERSITY OF CALIF.
LOS ANGELES
SEP 1972
CLEARINGHOUSE FOR
JUNIOR COLLEGE
INFORMATION

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DEDICATION

This report is dedicated to the deceased participants of our Center since the start of the operational program in November, 1969.

Their passing reminds us that life is fleeting and that we all must make the most of what we have and what we are yet to be.

Our deepest sympathies go to the families, relatives, and friends of our beloved friends.

NAME	BIRTH DATE	DATE OF PASSING
SABURO FUTENMA	July 14, 1903	January 10, 1971
ANNA K. L. C. LEE	May 28, 1892	January 15, 1971
KAME SAKIYAMA	June 8, 1892	January 20, 1971
MARY WHARTON	September 9, 1902	March 17, 1971
AMOE PANOKE	September 27, 1902	April 7, 1971
QUON CHOY	September 17, 1900	May 2, 1971
RICHARD T. S. LING	August 20, 1907	June 20, 1971
MARY PUNG OBA	October 8, 1908	July, 1971

FOREWARD

On June 30, 1971, the Hawaii State Senior Center completed its first full fiscal year of operation under the sponsorship of Honolulu Community College. The Center had been opened on November 1, 1969, and had an exciting and very successful eight months of experimentation and shake down. By July 1, 1970, the Participant Advisory Board was in full operation, and the Center had enrolled 411 regular members and 287 associate members. In addition, 1,583 guests had participated in one or more of the events at the Center. The 12-month statistics of the present report indicate that the Center continues to provide a needed and welcomed service to the senior citizens of Honolulu. Membership increased to 639, the full capacity of the Center. New associate memberships were discontinued after their number reached 288. Guests continued to be welcome, and numbered 10,801 during the year.

The story of imaginative and diversified services to senior citizens presented in this report is a monument to the devotion and dedication of the personnel of the Center. It was made possible by the untiring cooperation of the staff under the leadership of Charles Amor, the Participant Advisory Board, the Commission on Aging, and many volunteers and community agencies. The Senior Center provides a model for emulation throughout Hawaii, as the State moves to meet more fully the needs of the rapidly increasing numbers of retired persons. Honolulu Community College is proud to have had a share in this pioneering venture.

JAMES W. THORNTON, JR.
Provost
Honolulu Community College

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SECOND ANNUAL REPORT
OF THE
HAWAII STATE SENIOR CENTER*

PROJECT STAFF

Executive Director	Charles W. Amor
Group Activities Coordinator	Florence M. Lau
Individualized Services Coordinator	Cynthia Levoff
Stenographer	Sally H. Hayashi
Center Aides	Alfred Barros J. O. Cayaban Hayluo Matias Clara Seto

****

PARTICIPANT ADVISORY BOARD

Elected Members:

Chairman		James H. Tengan
Vice Chairman	(resigned 2/3/71)	Mary Gregson
	(appointed 2/8/71)	Evaristo L. Fernandez
Secretary	(resigned 9/21/70)	Sugako Fujikawa
	(appointed 9/30/70)	Ellen Fong
Treasurer	(re-elected 5/1/71)	Margaret Lum
Other Elected Participant Members		Matsu Tengan
	(terminated 4/30/71)	Okitaro Ujiie
	(newly elected 5/1/71)	Sam Shimabuku

Appointed Members:

Hawaii Housing Authority	Irene Fujiwara
Department of Health	Edna Lau
Social Security Administration	Shizuo Tosaki
Honolulu Committee on Aging	Kenji Goto
Hawaii State Commission on Aging Representative	Mildred Sikkema, PhD
Honolulu Community College	Alan Yonan

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*This report covers the period of July 1, 1970, to June 30, 1971.

HAWAII STATE COMMISSION ON AGING

Chairman	Executive Director
William N. Naganuma	Renji Goto

MEMBERS

Alfred Dang Aki
Ann J. Benner
Mauricio D. Bunda
Walter R. Deweese (Hawaii)
Kinji Kanazawa
Benjamin E. Lizama (Kauai)
Miriam Mukai (Maui)
The Reverend Seido Ogawa
David Lee Pang, M.D.
Arthur K. Powlison
Louis Robello
Mildred Sikkema, Ph.D.
Rockwell L. Smith
George Suzuki, M.D.
Shoyei Yamauchi, M.D.

EX-OFFICIO MEMBERS

Education - Samuel Gon
Health - Kleona Rigney, M.D.
Labor and Industrial Relations - Charles Hayashi
Retirement System - Kim Tet Lee
Social Services - Norman Akita
University of Hawaii - Anthony Lenzer, Ph.D.
Social Security Administration - Sung Dai Seu

Program Specialists	Carl Sekimura
	Riley L. B. Yee
Secretary	Betty Lee
Stenographer	Merle Nakamoto

****

HONOLULU COMMUNITY COLLEGE

Provost	James W. Thornton, Jr.
Director of Business Affairs	Bob Hirata
Dean of Instruction	Clyde K. Yoshioka
Assistant Dean of Instruction	Alan Yonan

AGENCY CONTACTS

United States

- Internal Revenue
- JOB Corps
- Social Security Administration
- Tripler Army Medical Center

State of Hawaii

- Commission on Aging
- Department of Accounting and General Services
- Department of Education
  - Adult Education
- Department of Health
- Human Services Center
- Department of Labor and Industrial Relations
  - Employment Service
- Lanakila Health Center
- Lanakila School
- Department of Social Services
  - Public Welfare Administration
  - Vocational Rehabilitation (Ho'Opono)
  - Hawaii Housing Authority
- State Foundation on Culture and the Arts
- State Hospital
- State Library Services
- Department of Taxation
- University of Hawaii
  - Honolulu Community College
  - Evaluation Officer
  - Gerontologist
  - School of Dental Hygiene
  - School of Nursing
  - School of Public Health
  - School of Social Work
  - EPDA Institute
  - ETV
  - Educational Psychology

City and County of Honolulu

- Committee on Aging
- Honolulu Fire Department
- Model Cities Educational Center
- Outreach to the Elderly

Private Agencies

- American Cancer Society
- American Red Cross
- Assistance Guild
- Hawaii Council for Housing Action
- Hawaii Dental Association
- Hawaii Economic Development Corporation
- Hawaii Heart Association
- Hawaii Medical Association
- Hawaiian Telephone Company
- Honolulu Community Action Program - Concentrated Employment Program
- Honolulu Dental Society Department of Dentistry
- Lanakila Crafts
- Legal Aid Society
- Meadow-Gold Dairies
- Musicians' Union
- Palolo Chinese Home

Participant Advisory Board: Chairman's Report

This is my first opportunity to report on the many activities of the Participant Advisory Board since its inception in May, 1970. During the first year of operation which began November, 1969, an Interim Advisory Board appointed by the Hawaii State Commission on Aging, in concurrence with the Provost of the Honolulu Community College, developed the policies and procedures for the election of the members of the Participant Advisory Board. The significant involvement of the Participants in the decision-making process contributed to the success of the Center.

One of the most significant decisions was to allow members residing in the target area to vote for the members of the Board and to authorize only those regular members the privilege of serving on the Board. In this way, the unique characteristics of the area is preserved by encouraging the Center to cater to the needs of the people actually residing in the target area and actually participating in the activities of the Center to make the critical decisions. There is much value to allow people of the area to control their own destiny.

I believe that is one of the reasons the Center has progressed as fast and as far as it did in less than two years.

Another reason was the Board's concern for encouraging as many and as diverse ethnic guoups to make the Center their home base. While the effort required much strain in the part of everyone to understand and accommodate each other, the results have been rewarding.

Thirdly, the Center has an unusually capable staff. This youthful and vigorous staff has been supportive of the aims and aspirations of the Board; often suggesting higher horizons for all of us to aspire. In return, the Board has shown its respect by allowing staff maximum latitude to experiment and to try new ways of programming.

1. Legislative Action

   A united Board represented its needs to the State Legislature for an expansion of the facilities and obtained an appropriation of $100,000 for the additional craft room, activity space and landscaping. The Commission on Aging and the Community College staff provided technical assistance in educating the members on the process of obtaining legislative assistance.

2. Social Club Charter

   The Board has seen the value of encouraging participant leadership in the development, implementation, and administration of programs by and for themselves. In addition to staff directed program activity, the participants needed opportunities to lead their own social groups, identify areas of concern and to lead the groups themselves. Through the charter mechanism, the Board will develop and maintain standards by which all of the clubs can operate.

3. Thanksgiving Recognition Day

The Board sponsored a Thanksgiving Day to recognize the volunteers and agencies which provided services to the Senior Citizens in the Center. The special event attracted over 500 persons and 70 persons were recognized for significant services rendered to the Center during the first calendar year.

4. Founder's Day

At the suggestion of Mrs. Harlan F. Benner, then Chairman of the Commission on Aging, the Board sponsored a John DeMello Day in recognition of his efforts in persuading the Legislature to appropriate funds for the construction of the Center. Over 300 persons, including many prominent legislators were present for the event.

5. Senior Citizen's Day at Kalihi-Palama

The event honoring all senior citizens in Kalihi-Palama commenced a month-long series of celebration of Senior Citizen's Month throughout the State. The Hawaii State Senior Center honored Mr. Mitsuyoshi Akita and myself as outstanding senior citizens of Kalihi-Palama at the gathering.

6. Bazaar

Along with this event was a bazaar featuring foods and products produced by the participants. A day-long entertainment by participants and professional entertainers drew over 3,500 persons. The meaning of this event in the lives of the senior citizens is covered elsewhere in this report.

7. Volunteer Recognition

From the funds raised by this bazaar the Board has been able to underwrite the cost of the recognition to the volunteers. The Board has purchased permanent name tags for each volunteer and has underwritten a monthly luncheon to honor the Center's volunteers.

8. Group Outreach

I am especially proud of the International Entertainment Group that makes monthly visits to hospitals, nursing homes and other worthy community institutions for the elderly. The songs and dances of the ethnic groups bring cheer and pleasure to the patients, and many friendships have begun and renewed at these outings.

9. State Foundation on Culture and the Arts

The State Foundation has been a major resource in allowing the elderly in Kalihi-Palama to enjoy the major cultural and social events throughout the community. The cost of attending tourist destination places such as the Polynesian Cultural Center is often prohibitive to the older person on retirement income. The Board has also earmarked funds from the Foundation to encourage the hard-to-reach ethnic groups especially the Filipino and Hawaiian groups, for last year and this year.

Setbacks

Every organization has its setbacks as well as successes. We were advised by the staff that the University of Hawaii did not see itself in a continuing sponsorship role with the Center because of its priority with other programs. The Board expressed its concern to the University, the Executive Branch, and members of the State Legislature. We were subsequently reassured that the University would continue requesting funds for the continuation of the project under University auspices. The official testimony to the Legislature reflected that the Honolulu Community College and the University of Hawaii saw the Center as worthy of continued support.

Subsequently, we learned that the Legislature had transferred the funds from the University to the Department of Budget and Finance. This weakens the accountability relationship and the dilemma continues on the location of the Center after the termination of the contract period. This uncertainty should be combated aggressively by the Hawaii State Commission on Aging so we participants can look to the future with more confidence.

Emphasis for Next Year

We will give additional emphasis in strengthening our volunteer program. We will continue to develop in-Center volunteers to accomplish the many varied tasks needed to keep the Center moving efficiently.

We will also set a goal of starting volunteer activities outside the Center to visit the sick, comfort the distressed, and to be useful and productive in our concerns for older people without the advantages that we have.

We will encourage staff to describe new areas of research to develop more factual information about older people. We expect that staff leadership and consultation with other agencies will increase our knowledge about the aging process. We also want our staff to continue to explore the gap between promise and fulfillment of employment opportunities for older people. Too often, the elderly are neglected and forced to idleness because opportunities for employment are closed to them.

We appreciate the value of the Center to the older people on our area. By doing as good a job as we possibly can, our Center is indeed serving the needs of all the senior citizens of our State. We hope that the community understands and accepts the positive contributions older people have made and will continue to make in our community.

James H. Tengan
Chairman
Participant Advisory Board

DESIGN FOR CHANGE: INTRODUCTION

In our first year's report, we raised two questions. First, "How are services designed to respond to the needs of the participating older resident?" To respond to this question, consideration was given to the partial location of the senior center in the Kalihi-Palama Model Cities area. Participating membership and active program involvement were vital ingredients in determining the governing structure. The second question was "Do these services make sense to older people?" The statistics supported the position that the senior center program design did make sense to older people.

We also presented a Master Plan expressing the philosophy of the senior centers and the organization to attain its objectives. In reviewing the second operational year, we find no compelling reason to amend the organizational concepts presented in that plan. At this point in time, the limitation of the program is fiscal and not conceptual.

Realistically, we see that persistent needs to maintain independent living are difficult to accomplish successfully (visually) by service agencies. In spite of the unlimited potentialities of the senior center movement, it cannot pretend to cater to all the needs of all the senior citizens.

The senior center can provide leadership in developing models of what older people can accomplish when their basic needs are met. It provides an atmosphere where participation and involvement can happen and where it is possible to accomplish much of its identified tasks through the resources of the senior citizens themselves.

The senior center can explore the unique qualities of older people and to show changes in their outlook and the outlook of the community toward older people. Therefore, after the second fiscal year of operation the questions that have come more into focus are three-fold:

1. What happens to an older person when he seeks participating membership in the Center over a period of time?
2. Does he find personal satisfaction; therefore, growth and self-actualization in group activities?
3. What is the impact of the older persons participating in the senior center to the rest of the community?

The design for change first anticipates changes in the participants and secondly changes the social system to which he is a part. Three professionals are programmed to function as a team to spearhead the investigation.

1. The Individualized Services Coordinator leads the investigation into the characteristics of the enrolled member, encourages his progress in the Center's program

and encourages as many public and private agencies as available to serve in behalf of the older persons.

2. The Group Activities Coordinator leads the team in monitoring the growth of individuals through group activities. Her concerns overlap from the individual, the groups, and the impact on the community. The growth of groups is a reflection of the strength of the Center. Is there group identification? Do the members feel themselves a part of a larger movement affecting all senior citizens?
3. The Executive Director acts as a team leader, identifying the components of the senior center system and monitors the progress of the Center as an institution as it begins to make some impact on the community: "As the result of the Center, have attitudes about older people been changed; have older people been assigned useful roles as a result of their demonstrated capabilities within the Center program?"

In addition to the investigations into the changed status of the older person in the Center, staff continues to fulfill the myriad administrative and service functions which attract the seniors to the Center in the first place. The Individualized Services Coordinator continues to counsel and obtain services for the participants, the Group Activities Coordinator continually updates program offerings, and assists groups attain their common objectives, and the Director maintains contact with a variety of agencies to advocate the causes of senior citizens.

In this year's report, staff will emphasize the observable gains of the participans during the past year and a half of operations. Our observations will be supported by actual experiences. We do not pretend to have developed measuring instruments to gauge the extent of joy, accomplishments, successes and disappointments. Our honest judgement will be our guide.

In subsequent reports to fill this Second Annual Report, we will discuss the many unplanned but happy results - results that were beyond the design of the Center's program.

DESIGN FOR CHANGE: INDIVIDUALIZED SERVICES

"Individualized Services" encompasses the whole range of services the older person may use to meet his daily needs and to obtain optimum satisfaction during his senior years. In conjunction with the aims and objectives of the Senior Center, it is the goal of the Individualized Services Program to help older people develop themselves to their fullest potential as "whole" persons. During this second year of operation, as our members find themselves more and more at home in the Center, we've begun to move toward these goals. Members are becoming less reluctant to ask for help, more willing to assert themselves and assume leadership roles.

At Hawaii State Senior Center, it is the function of the Individualized Services Coordinator to aid the older person to obtain whatever services may be necessary to meet individual needs (other than those which may be met through participation in educational, recreational or social groups). Such "other" services might include personal counseling, information and/or referral (to assistance in such matters as Housing, Employment, Legal and Financial Aid), Coordination of the Health Program and identification and documentation of gap areas requiring further research.

During the fiscal year July, 1970 to July, 1971, the Individualized Services Program has worked toward strengthening coordinative relationships between the Center and outside agencies in order that we may best meet the needs of our members. Through continued, increased, and renewed contacts with agency personnel, we are able to keep appraised of current information and policies, as well as to promote the development of a comprehensive network of services.[To the participant, this may mean (1) greater ease in-center or by an agency visit by having a specific person to contact and help with making the initial contact; (2) less overlap (duplication) of services by more than one agency which often results in needless confusion and repetition; (3) fewer gaps in services - it's disheartening to hear "I'm sorry, there is no existing service to meet this need."] Simply by encouraging agency personnel to work together through case conferencing, through working together to help individuals having problems requiring assistance from more than one agency - through generalized interagency meetings and airing of individual and mutual concerns. All are ways to move toward effectively aiding the older person to meet his developmental needs. We see the Center as having such a coordinative function and hope in the future to realize this goal within a given neighborhood.

As in any new program, however, we have from time to time experienced setbacks, as an employment need that has not been met, a person who does not find his "niche" in Center activities, a problem with no current solution (i.e. dental insurance for senior citizens; medical assistance for the "Gap" group with slightly more income or assets than allowable under Department of Social Services Medicaid Program). We are willing to acknowledge these and hopefully to build our program around an increasing understanding of the needs of our senior citizens in mind of the resources available in the community.

During this second year of operation, our membership base of well older persons has increased by several hundred. As this stable base of well-adjusted, happy retired older persons (with no hampering physical or mental infirmary) increases, we have begun to absorb a number of individuals or groups with some sort of disabling problems.

Among those members, we are especially proud of the progress of Mrs. B. Mrs. B. came to the Center at the request of her son, a prominent local clergyman. She had, until that time, been rather unhappily employed by a local firm and desired to increase her social contacts. Upon first joining our Center, Mrs. B., a caucasian, had some dificulty in finding her "niche" in Center activities. After several weeks of watching her on the fringe of successful membership, staff asked Mrs. B. if she would be willing to serve as front desk hostess...and, fortunately, it worked like a charm. Mrs. B. was both able and willing to assume this role, is now accepted by the members, and appears to be quite content. Her son wrote approvingly of his amazement at her personal growth and development within a few short months.

In addition to a group of blind persons who have been meeting regularly at the Center since early 1970, a new group of disabled persons have been meeting with us on a once-a-month basis since February, 1971. Impetus for the inception of such a group came from the combined mental health staffs of Hawaii State Hospital and Lanakila Health Center. The group is composed of residents of unlicensed care and boarding homes who are former State Hospital patients. They come with their boarding home operators to add stimulation to their daily routine through a planned program of entertainment and craft activities. They participate under the capable direction of

Lee Stephens, Psychiatric Social Worker, Hawaii State Hospital

Jennifer Lee, Psychiatric Social Worker, Lanakila Health Center

Eva Chang, Occupational Therapist, Hawaii State Hospital

Though slow in the beginning, the program is now gaining momentum as participants look forward to their visits to the Center.

Statistically, fiscal year 1970-1971 has found a sharp increase in requests for assistance flowing both into and out of the

Center. As the position of Individualized Service Coordinator covers a rather wide range of activities, the Center is finding itself serving increasingly as a Center for information, referral, and follow-up, rather than for intensive casework counseling. As we go through the problem identification and referral process, we sometimes find gap areas in services available for older persons. As an example, protective services for older persons continues to be a problem. Those elderly citizens with no known family or friends who gradually become less able to care for themselves currently pose a problem for the community because there is no organized system for the delivery of homemaker services other than to welfare recipients. Persons, who are unable to live independently, are now referred to care and boarding homes, sometimes at State expense. Many of these persons could function on their own with two or three hours of homemaker (cooking, cleaning, counseling) service per day - and at far less expense to the taxpayer. So far, no agency has seen fit to sponsor such an on-going program, though some provide service on a temporary, emergency basis.

But information and referral also has a useful purpose in helping us learn what services are available in the community. Some of the more interesting resources we've learned about include:

1. An emergency shelter for men who are displaced or otherwise in critical need of temporary housing.

2. Several private funds available to help senior citizens in need of financial aid during crisis periods, or to defray expenses for needed medical attention or prosthetic devices.
3. "Hawaii Five-O" Television Show as a source of temporary employment as "extras" to senior citizens on a per diem basis (this of course provides more than simply an income supplement.

There are some problems that cannot always be solved by referral alone. Employment,housing, and health conditions are among them.

Aware that many older persons need or desire part-time employment to supplement retirement incomes, Hawaii State Senior Center has since its beginning months, tried on a limited basis to do employment counseling. Our experience, however, has indicated a mismatch between jobs available and jobs which our senior citizens are willing to accept. In July, 1971, an employment services, exclusively for senior citizens, known as Hawaii Senior Services Incorporated, was established for the sole purpose of developing jobs for and establishing a labor pool of senior citizens. As we are only in the initial stages of organizing the corporation, its worth still has to be evaluated.

Housing is an island-wide problem for senior citizens, both temporary emergency and long-term. There are a number of programs actively involved in providing for housing needs (including rental fee supplement), and the Center tries to keep abreast of current information in order to advise its members.

As the Center moves toward its overall goal of meeting the total needs of its membership, we must continually be aware of our impact upon the members and work to improve the total program. In order to do so, we must continually evaluate our existing programs in terms of participant outcomes.

In August-September of 1970, we adminstered a battery of questionnaires on health, friendship ties, and interests to a sample of 125 of our new members in order to help us determine how they felt about themselves when they first joined. Now, one year later, we are about to re-administer this same battery to test group. We anticipate finding discernibly positive differences in attitude after one year's participation in Center Activities for active Center participants.

Another type of evaluative instrument was used in June, 1971, and results of findings therein, are attached. This newer survey is planned to help us determine to what extent we are moving toward the attainment of the Center's overall objectives (in terms of participant outcome).

Health Program

The overall goal of the Hawaii State Senior Center Health Program is maintenance of well-health among participating elderly. Our current six times yearly health screening activity is a means by which older people can be educated in:

1. The value of obtaining a yearly physical examination;
2. The availability of financial resources to help meet medical expenses;
3. The importance of early detection and treatment of disease.

Health screening is designed as an educational device to overcome psychological barriers, to utilizing existing health service. In addition, it provides a partial measure of the participant's health as he progresses in the Center program and to provide as documentation for the medical community the incidence and kinds of disease that commonly plague local older people.

During the second operational year, the Health Program has continued to grow and expand. Beginning in February of 1971, we have been aided in planning and quality control by a newly created advisory board of interested community physicians and Medical personnel.

The members of this board include:

Dr. David L. Pang - Chairman

Dr. Edward Colby - Pacific Institute of Rehabilitation Medicine

Mrs. Edna Lau, R.N. - Department of Health

Dr. Ijaz Rahman - Cardiology

Dr. Kleona Rigney - Department of Health

Dr. Paul Tamura - Pathology Associates

Dr. S. K. Wong - Ophthalmology

Dr. Walter Young - ENT

Dr. Noburo Oishi - Internal Medicine

Dr. Michael Okihiro - Straub Clinic

Dr. James Banta - University of Hawaii-School of Public Health

Mr. Tom Thorson - Hawaii Medical Association

Mrs. Gladys Park, R.N.- Lanakila Health Center

The function of this group is to aid in the development and evaluation of our on-going Health Program.

From the Health Program's inception in January of 1970, our estimate of referable deficits is 40 percent of those screened. Statistically, the program has yielded the following:

Total number persons screened....................	1,449
Total number persons referred....................	571

Breakdown (of referrals):

Blood pressure elevation	256
Hearing loss	192
Near-far Vision loss	155
Urine abnormalities (Bilistix)	25
High blood sugar levels (Autoanalyzer)	70
Low blood hemoglobin levels (begin April, 1971)	15
Eye pressure (Tonometry begin April, 1971)	21
EKG (2 test periods)	63

The 40 percent referable deficits represent to us several possibilities, all indicating that senior citizens are failing to make use of available medical resources, perhaps for financial reasons, perhaps for lack of personal physician, or for lack of awareness of the importance of preventative care and fear of uncovering a major chronic disease. Further research in this area is probably indicated. The 40 percent represents a higher proportion of persons requiring medical attention as compared to a younger population. It is estimated that in the age group of insurance applicants 20-45 that referable deficits reach nearly 15 percent. The structure of the Hawaii State Senior Center Program, although cost-free, requires that the applicant be alert to read or hear of the event via news media and to find his way to the

Center. Therefore, 40 percent may actually be a modest estimate in comparison of the number of older persons who should be screened, regardless of artificial barriers. When a patient is referred to his physician, the doctor is requested to return a follow-up form to the Center. So far, we are averaging approximately 20 percent to 25 percent return on the referral forms.

Of those persons referred through May, 1971, physician report statistics are as follows:

Total screened	1,213
Total referred to participant's physician	473
Total reports returned	103
Total previously unknown cases of Pathology found	50

Breakdown (of referrals):

Blood pressure	25	
Hearing	8	(aids prescribed)
Diabetes	11	new plus 2 medication changes
Urine	2	(renal disease)
Glaucoma	1	
Vision	1	(cataracts)
Anemia	1	(from hemoglobin test)

Other: 1 suspected Neoplasm of Lung after patient was referred by Senior Center for Chest X-Ray.

Over our 18 months of health program operation, a number of trends have been noted:

1. The number of persons being referred for hearing and near-far vision has decreased with each screening.
2. The average number of persons attending screening activities remains fairly constant, regardless of advance publicity.
3. The proportion of referrals made to person screened runs consistently from 30 percent to 40 percent per screening.
4. The number of persons attending Health Education Programs varies widely, according to interest in the subject material, whether a doctor will be present, and whether or not free gifts and/or services will be offered. Thus far, the screening is by far the most popular part of the Health Program.

It is worth repeating that the health screening is designed to augment rather than to replace the yearly physical examination. However, we have been made aware of the fact that it would be next to impossible to ask our already overtaxed physicians to provide examinations on a yearly basis for all apparently well older persons over age 55. The health screening, therefore, has a largely educational function - to emphasize the importance of seeking necessary medical attention, to reassure the participant of absence of pathology in areas tested, to advise concerning available medical and financial resources, and to give each patient an opportunity to verbalize his health concerns.

Though some professionals question the value of providing health screening services, the response to our program has been overwhelming, indicating a high degree of interest on the part of the participant. We have several assumptions as to why people come.

1. Medicare does not cover routine physical examinations but will cover visits made upon referral. For some people, the thought of going to the doctor when you don't feel ill seems to be a needless expense.
2. People like to feel reassured about their continuing health. It is comforting to know that there is a familiar place they can come to receive cost-free service. Already comming to the Center for social educational or recreational activities, many feel more comfortable about comming for screening in this non-threatening environment.

The value of screening large numbers of persons is readily apparent on a cost basis to the patient when disease is detected early and treated promptly. Think of inestimable value of saving one's sight through the early diagnosis of glaucoma, to say nothing of the dollars and cents value of hospital expenses, work time lost (if the patient is still employed) and rehabilitation expense.

It might be interesting to note here that the screening also serves as a training activity for those interested in learning more about the apparently well older person. Some of our volunteer workers have included University students, Red Cross volunteers, and the senior citizens themselves.

Health Education Programs, through lectures, demonstrations, exhibits and films, to date have covered the following subject areas:

1. First Aid and Safety
2. Cancer and Stroke
3. Hear and Circulatory Problems
4. Diabetes, Glaucoma (part of a chronic disease series)
5. Dental Health

Our continuing health education orientation will include an expansion of subjects covered in mind of the need and desires of our members.

Although we are proud of our screening program and the multi-purposes it serves at the Center, we realize that the screening process itself requires further refinement and research.

However, in terms of participant outcome, we feel that our program is well worth the time and money involved. Among the more notable results:

> Several persons have learned about the existence of the Medicaid Program and found themselves eligible. One such gentleman, as a result of enrolling in the program, came in to the Center to say "thank you" grinning from ear to ear with his first set of dentures.

As our screening program developed and financial resources were explored, we found the existence of several private funds to help needing individuals. With one such fund, we were able to purchase a hearing aid for one of our members already disabled by blindness.

One lady reported being able to see the blackboard "for the first time" after purchasing a new pair of glasses.

Another was elated to find out that she "wasn't tired all the time" after discovering that she had, and being treated for, diabetes. And of course, a number of persons who had no private physician were encouraged and helped to do so.

As we look to the future, we hope to continue to expand and refine our screening activities and follow-up procedures. Some areas requiring further improvement include:

1. Building a comprehensive follow-up system
2. Devising a simplified system of capturing statistical information on results of our screening referrals.

3. Improving relationship with community physicians through increasing their understanding and support of the program.
4. Developing a system of continuing evaluation of the over-all program.

And some day, when our program proves its worth, we'd like to mobilize the screening in order that it might be sent out, with a permanent team of workers, to meet the needs of the total community.

DESIGN FOR CHANGE: GROUP ACTIVITIES

Program Expansion

Turning the pages of the Center program schedules of two years ago, reveals that the Center has come a long way. According to the first schedule, only 17 group activities were offered each week, but today over 30 activities are carried on weekly. In addition, the five ethnic groups (Chinese, Filipino, Hawaiian, Japanese, and Okinawan) have "their day" once a week with their own ethnic dances and social gatherings. This report summarizes the three categories of group activities (education, recreation, and leisure, special events) and the volunteer services program.

The uniqueness of the group activities lies in the daily interaction of the diverse kinds of people. Each Center member is capable of carrying on as an individual and as a member of an ethnic group; and yet, he still has the capacity to intermingle effectively with members of other ethnic groups. These harmonious relationships are developed through participation in the Center programs. Gradually, the members come to understand, tolerate, and accept the views of others who are "different" from themselves. In addition to developing harmonious relationships, group participation provides opportunities to develop self-confidence and to bring out latent leadership qualities.

Participant Involvement

Each participant chooses the types of activities he prefers, be it a birthday party, sewing class, English conversation class, table game, or watering the plants once a week. He finds a niche for himself in a group. However, more important than the type of activity he chooses is the means or process of group participation. Going through group participation helps attain personal satisfaction of having made new friends, having learned new craft skills, or having renewed a feeling of being useful once again in his retired years.

A satisfied member clearly expresses her feelings with,

> "The Center is so good for me that I feel younger each day. Even with my pleasingly plump figure I feel light as a feather, and it seems even the wrinkles on my face are decreasing.
>
> "After I lost my husband, life was so empty and lonely for me. I used to come to the Center and 'just sit around', but gradually I joined the activities. Everyone was very friendly and helpful that in no time my lonely hours changed to gay and happy hours. For instance, I had never sewed a dress in my life. I felt scared but joined a sewing class; and to my great amazement, I finished a dress. Of course, it was a struggle - emotionally, psychologically, and skill wise - but with the teacher who was kind, patient, and understanding I overcame my fear. I was so proud to model my own dress at our sewing class graduation ceremony.
>
> "Now I must share some of my happiness with others who seem alone and lonely. I encourage them to join a group and tell them even though it may not be appealing at the beginning, in time they will feel differently. Knowing that I have helped someone be happy again makes me happy, too. I want to keep on helping others."

Another dedicated volunteer said, "It's so wonderful to have friends! When I first walked in here,I wanted to help and give some of what I had. I saw that the custodian didn't have enough time to attend to details such as wiping the counters, emptying the ashtrays or keeping the coffee area clean and so I took it upon myself to fill in that gap. I enjoyed that, too, but now that I'm the front desk receptionist it's even more rewarding.

"When I first took over this job of checking in the members by their membership numbers every morning, people acted cold; and they all had stony faces, but today, everyone greets me with a smile. One of our blind members gave me a stuffed frog. No one can imagine what magic it does for me - when my arm pains from bursitis, I lay my hand on it and immediately the pain goes away. A touch means so much to me. A pat on my shoulder or arm accompanied with a smile assures me that I have wonderful friends. I can't remember the exact names of all those who pass me, but I bet I can tell you the numbers of their membership cards. To be identified with the Center is great; oh, my! All my friends are so priceless."

The role of group activities is to meet the essential needs of individuals and simultaneously build a feeling of unity out of diversity.

Educational Activities

Educational activities include Basic English for Chinese and Japanese speaking persons to prepare them for citizenship or to improve their English; English conversation; Mandarin and Hawaiian languages; and nutrition and cooking classes. Communication skills are taught through sewing, flower arrangement and painting classes.

What motivates a person to enroll in these classes? For instance, it is not easy to learn English, a new language, for those who speak only Chinese or Japanese. And yet, these classes are filled to capacity. One of the ladies expressed her feelings, "By understanding English, I have become more aware of what's happening around me. This awareness makes me want to get involved. By getting involved, whatever it may be - helping with the morning coffee, stuffing envelopes, or just sitting and listening to someone who speaks English fluently - life becomes more enjoyable and exciting." For another member, her intellectual curiosity is aroused. She said, "When I hear talks in English, my ears perk up. Although I don't understand everything that's said, I catch on enough to make me want to know more about it. This is a challenge - I take home some of the things I heard to discuss with my family."

Another kind of basic education is the First-Wednesday-of-the-Month program. It is designed especially for the Center leaders. Some of the programs presented were informative talks on "Information for Creative Living" by a public health nurse consultant and a medical social worker; "Tax Breaks for Senior Citizens" by members of the Internal Revenue Service and the State Tax Office; "Health Insurance for Senior Citizens" by a specialist in gerontology from the

University of Hawaii; "Travel Hints for Senior Citizens" by an airline representative; and a panel discussion by our State Legislators on the topic, "The State Legislature Works for Older Persons: Pro and Con."

Through this program, members have been made aware of their responsibilities to serve in their communities and government. The "Orientation to Hawaiian Politics" stemmed from this program. The members visited the State Capitol and observed the 1971 legislative session in action. This experience was rewarding to them who stated that this was the first time they had visited the Capitol. Subsequently, some members testified on bills that affected the senior citizens.

Recreational and Leisure-Time Activities

Recreational and leisure-time activities consist of ukulele, beadstringing, table games, and various dances (hula, ballroom, folk, Chinese, Filipino, Japanese, and Okinawan).

The informal nature of these activities creates a relaxed atmosphere conducive to fostering socialization. One can anticipate in this group a gamut of moods from the liveliest motion of hula to the silent concentration of the "go" players. Even the poorest mixers become more flexible and friendly by intermingling with others in these activities.

When a person joins a group, he participates in the activity and simultaneously tries to relate to the others. These two processes of participating and relating influence socialization. A cohesive group feeling emerges through continuing satisfying interaction with others. The recreational and leisure-time activities provide such a breeding ground.

Special Events

The special events include the monthly birthday party, a social-club sponsored event, the May 2nd bazaar, and other one-time events.

Special events proved to be the most effective means of focusing attention on Center affairs and involving the membership. The group developed leadership. It provided impetus to stimulate members in making use of their capacities. It served to increase identification with the Center even with the least participating members.

a. Birthday Party

One of the important special events is the monthly birthday party held on the second Wednesday of each month. Members whose birthdays fall in that particular month celebrate this significant occasion collectively on this day. It is an exciting day for the birthday celebrants because all attention is focused on them, and even though they share the honors, each one is equally overwhelmed. The songs and dances give the entertainers a chance to increase both community feeling and their own enjoyment and satisfaction. For the general membership, the birthday party is a festive occasion to dress up and join in the sharing of the birthday cake. To the group that plans and prepares the party, the "success" of the party is important.

In the early history of the Center, the birthday parties were arranged and presented by the staff. Since January of this year, the social clubs and various classes have been assigned, one by one, on rotation basis, to take full charge of the birthday parties. The members of the host group greet the guests, plan the entertainment, serve the refreshments, and clean up after the party.

When the groups were first assigned, they had not acquired any strong team feeling, but gradually they gained experience and assurance. Today, the groups lead while the staff functions behind the scene.

b. Bazaar

Of all the special events, the May 2nd Bazaar was the most significant in developing team feeling. It involved our whole membership and the outside community. Members increased their self-confidence, produced leadership skills, and cultivated friendship and fellowship.

The suggestion to hold a bazaar was proposed by members in late 1970. By early 1971, sufficient enthusiasm had developed to begin the plans. The original purpose of the bazaar was to raise money to purchase items not allowed in the regular budget but necessary for daily use.

The first planning meeting for the bazaar was held in early February and well attended. The attitudes of the attending members were diverse. Some were "all fired up," some were "sincerely enthusiastic but wanted to see what happens," some were wary but curious enough in wanting to know "what's in for me," and others came "just to listen because I had nothing else to do."

The discussion was a lively one. The staff directed the group discussion at the beginning, but by the end of two hours, even the most passive listeners were participating. The enthusiasm of the group far outran their understanding of the orderliness of a meeting, but at this stage their interest was more important than orderliness. Slowly, leaders emerged.

Subsequent meetings were not always easy. Natural leaders were emerging, yet the group worked at maintaining democratic discussions. The objective was to draw them together so that they would share a common purpose in putting on the bazaar. For this reason, group discussion of all plans was important.

To hold the group together, it required diplomacy to discourage ones who discussed "personal" topics or lectured to boost the morale of the group. From time to time, it was necessary to calm the explosive feelings of the over-enthusiastic ones, or to support the shy ones, and to channel the aggressive ones to constructive activities. It was reassuring to a person to suggest ideas and have the group accept and act upon them. Often this began a new relationship between the person and the group.

Unlike the earlier free-for-all meetings, the latter meetings proceeded in a more controlled way. At the end of the third month and 12 meetings, the group emerged as an effective working team. They were now able to understand more clearly the democratic procedure of decision making, to discuss topics relevant to their purposes, and to better understand each other as fellow members rather than as isolated members of ethnic groups. The long process of planning and carrying through prolonged cooperative efforts united the unrelated individuals into today's confident and cohesive groups. Perhaps the ultimate success of the bazaar was not so much the profits earned but the emergence of teamwork and fellowship which gave impetus to the Volunteer Service Program.

Volunteer Service Program

The primary effort of the Volunteer Service Program is to develop the capacity of the members to lead their own groups and to accept responsibilities of the on-going activities of the Center. The 60 volunteers, which increased from 6 to 60 in two months, include class and activity instructors, instructor's aides, social club officers, front desk receptionists, telephone receptionists, kitchen aides, messenger and delivery aides, and general cleaning aides.

Volunteers emerge because they believe their ideas and values are same as those of the Center - they want to belong. It doesn't matter how much sense my part in this Center make to you. Each person feels that his role makes sense to him.

He gets satisfaction from the accomplishment of objectives which are important to him and from the human relationship involved. A member expresses his feeling explicitly.

> "When I first came to the Center, I felt like a stranger. I hardly knew anyone so I didn't talk too much. I didn't learn much English except in the citizenship class to get my citizenship but since coming here, the Center has served as a 'training ground' to practice my English. Here we meet all kinds of people and feel comfortable being with them. It's wonderful that all of us can together join in the various dance groups, learn a skill, such as lauhala weaving, sewing, or help with the birthday party. We are very appreciative of the free excursions we go on. The Polynesian Cultural Center was especially interesting and very educational.

> "As I see it today, I think the greatest thing that happened to most of us is that the May 2nd Bazaar built up a warm feeling in us. Yes, we all struggled but worked hard to pull through the bazaar. The power of teamwork is tremendous! The success of the bazaar gave us a feeling of achievement and a personal satisfaction.
>
> "Another thing that is important is the power of the Center. Some of us took a tour to Kauai. On arrival at the Kapaa and Waimea Senior Citizens Centers, members greeted us with open arms. Through this trip, we increased our friends and established a very warm friendship with them. One incident brought tears to my eyes. When we were loading the bus to return home, one of the Kauai members was so concerned with our safety in that no one should fall and break his leg, for instance, she took each of us by the hand and supported us as we climbed into the bus. This new friendship was formed only because the Center had made the formal contact with the Kauai Centers before we left here. We enjoyed our trip very much and this enriched our life a little more.
>
> "I appreciate what the Center has done for me. In return, I would like to share and give some of the happiness I have gained by taking care the Center as if I personally own it. Feeling that it is my own, I am careful about leaving lighted cigarettes on the table, throwing matches on the floor, leaving chairs in the open area where the rain can get at it after the "go" game, or scattering toilet papers on the floor. Rather than complaining about the "messy" men's room and demanding for more janitorial services, we should help to keep it clean so that there wouldn't be any need for complaints.
>
> "It is so easy to think we need not lift our fingers to do anything because the Center is a State agency. Instead, we should feel "it belongs to us" and continue to make it a place where we can find happiness."

The kind of recognition given must reinforce his feeling of worth to himself and to the Center, and his conviction that what he is doing is significant and worthwhile. He needs to see himself as growing in understanding and stature.

In support of the volunteers, the Participant Advisory Board initiated a Volunteer Luncheon program to which all "regular" volunteers are invited. It is held on the first Wednesday of each month. In addition, the volunteers wear a blue lapel name tag with identification "Volunteer - Hawaii State Senior Center" while on duty. Identity with the Center is reaffirmed and fellowship is enjoyed through this program.

An intrinsic part of the volunteer program is the initiating of new volunteers into the program in such a way that their dedication grows with experience. Each volunteer is unique and valuable.

Guidelines for Future Plans

Today, the rate of change has accelerated so that change has become the continuing condition, not an isolated event.

One healthy effect of the new rate of change is that we can no longer cling to old program forms because they are ours and we like to do things that way. Program which is not meeting essential needs tends to rundown quickly. A new style of leadership is demanded - a dynamic eclectic approach with courage to experiment, to weed out the useless and yet hold fast to ideas, standards, and essential values.

As a result of the past two year's experience, we see the need for a comprehensive continuing education program for senior citizens which will assist each involved participant achieve his highest aspiration. The experimental curriculum will take the form of a sequence of self-examinations to prepare for independent living. At the completion of the basic course, the participant will be eligible for another series to be entitled education for creative living. Subsequent series will focus on involvement in leadership roles and altruistic behavior. The assumption is that the strengthening of personal satisfaction will have a significant impact on relationships with the groups and the community at large.

As noted in this report, the final outcome is the continual growth of older people; people who are deserving of our highest respect and care.

DESIGN FOR CHANGE: THE IMPACT OF THE HAWAII STATE SENIOR CENTER ON THE COMMUNITY

The Director will approach this subject in three parts. Part I will be a report of the Center as seen from the expected role of a senior center as suggested by Jean Maxwell in her classic book entitled, "Centers for Older People." Part II will discuss the Center's involvement with other agencies on a planning basis and Part III some general comments about the highlights of last year's program and unresolved problems.

PART I: THE ROLE OF THE CENTER IN THE COMMUNITY

A. The significance of percentage of eligible population served in a senior center.

The Center serves about 5 percent of the eligible population of the defined target area. This 5 percent represents the happy, well-adjusted older person, ambulatory and having already met his basic survival needs. Aside from the Outreached Groups (the Elderly Blind and the Elderly State Hospital Dischargee), the typical participant is age 69, female, and walk-in because a friend told her to join. She usually joined because she wanted to make new friends, to learn a special skill or craft and most of all enjoyed the company of other people like herself.

This is not to say that the average participant is financially well off, for over 80 percent have incomes less than $3,000 a year. Surprisingly, of this low-income group the number of public assistance could be counted on one hand.

To gain from the Center's program, the participant is required to commit himself to active involvement in an activity. This imposes a self-screening condition. We recognize there are many older people who are unable to bridge the gap from non-participation to participation.

However, the small percentage of well older people when involved in planned community participation can and does have a significant impact on the larger community. The following subtitles are specific tasks which the Center undertakes in collaboration of others to improve the community climate for older people.

1. Recognizing and Eradicating Outmoded Attitudes about Older People

   "The very existence of a central place in which older people are seen in the aggregate, serves to disturb and refute the stereotypes about all older people. To see and experience the combined vigor, capacities, and enthusiasms of older people at work in a Center erases the belief that all older people are inactive, decrepit, and crotchety."

   The reaction of youthful Red Cross volunteers, who were assigned to the Center for the first time, is typical of the Center's effect in attitude change.

> "Where are the beds? We volunteered to help older people, and we are willing to make the beds and

> serve the food. I thought Centers for old people are places where older people need help getting fed or led to the bathroom. I never thought of them as well and happy."

The reaction of teachers is also revealing:

> "These older people keep me jumping. I didn't expect them to be so active and alive. I'm having a hard time keeping up with their interests and demands. It's wonderful to be teaching these folks who really want to learn."

A volunteer instructor in painting was so intrigued with the total activities of the Center that he volunteered his time and equipment to produce a film entitled, "Retirement: A New Career." The 24-minute, sound film is available to groups or organizations interested in the activities of a senior center. His enthusiasm spilled over into writing letters to the editors and one letter is reproduced in the November 16, 1971, issue of the Honolulu Advertiser as it states the aims of the Center as seen from the eyes of a participating volunteer.

> "The Hawaii Senior Citizens Center in Kalihi is fast becoming the popular gathering place for older retired people of not only Kalihi, but the surrounding communities as well.
>
> "This is not to be confused with a retirement home for the aged, this is a recreation center: a place to gather, a place to meet with old friends and make new ones; to learn through many activities and volunteer instructors; to dance, to watch, or to merely relax.
>
> "Just people having fun. Each practicing and preserving his individual ethnic culture but more important and most wonderful, each in turn respecting

> the other. Proving to all who wish to see that retirement need not be an end but an exciting beginning...
>
> "I urge all who are over 55 and youngsters too, to visit this wonderful place to restore your faith in the goodness and understanding of the people. If for you, the spirit of Aloha is elusive, you will surely find it here."

2. Provide and Interpret Facts about the Life of Older People and that Specific Community - the Potentialities and Strengths, the Needs, and Problems:

Employment Opportunities:

Older people who do not find the senior center a meaningful experience are concerned with obtaining supplementary employment opportunities; jobs which make sense to them in providing emotional satisfaction not found in group activities. Many have found satisfaction in doing a decent job and find that retirement from a job means a loss of status and identification as well as income. The community can benefit by opening options for older people whose financial and emotional needs can best be satisfied through a job; be it temporary or supplementary.

During the first year, the Center convened an Employment Task Force of older people who represented the influential senior citizen organizations to study the problems of employment opportunities for older people. This year, the Task Force has incorporated itself into the Hawaii Senior Services, Inc., with the assistance of the Hawaii State Senior Center and the Hawaii Economic Development Corporation.

The group has made representation to the Legislature to express their concern in removing formidable barriers to employment for older people. The organization has also approached the Department of Labor to urge them to allocate funds to establish specialized employment services for older people. It is interesting to note that in spite of the negative responses the group has received from both the Legislature and the Department of Labor, their determination remains strong to assist those older people still in the market for employment.

3. Demonstrate and Establish Needed Services and Programs

As the Center has become better known throughout the community, it is called upon to do a variety of tasks which is not within the scope of the planned activities. During the first year, the Center responded to the numerous requests for health screening services. This resulted in an amendment of the project to establish health screening and health education activities on an on-going basis. The report of this activity is covered further under "Individualized Services."

Another obvious gap service is emergency housing and protective services, especially in behalf of non-welfare persons with limited mental functioning due to psychological deterioration, emotional disturbance or extreme disability. Intervention is needed for their own protection or the protection of others.

The cases that have come to our attention have been documented. The volume has been small but the problem so difficult as to defy easy solution.

Thus far, our efforts to stimulate community interest have been minimal. Unless these concerns are acted upon by higher level of authority, the gaps will continue to plague community agencies.

4. Stimulate the Interests and Cooperation of Individuals, Groups, Organizations, and Agencies in Development of Programs and Needed Services

Throughout the year, 16 groups visited the Center to learn first-hand about the activities and services for and by senior citizens. This has been the chief means aside from frequent press releases, television appearances, speaking engagements, and feature stories to explain the function of a senior center.

We estimate that over 25,000 persons have read or heard about our Center through press, radio, and television releases.

Thus far, a speaker's bureau of older people has not been tried as we have yet to attract the articulate older person. Community groups using the facility during the past year to hold special meetings and to the aims of the Senior Center included the Hawaiian Civic Club, Filipino Chamber of Commerce, and the Rainbow Camera Club.

Joint Program Activities with other Agencies:

Staff perceives its role as an enabler for agencies, organizations to deliver services to the older people from within the Center. The report of Objective Number 2 reflects the wide scope and range of agencies that have delivered services from the Center on a continuing basis.

Bazaar:

The first bazaar, sponsored by the Participant Advisory Board, was successful in its involvement of different ethnic and interest groups within the Center and the support of the private individuals. Over 95 different persons contributed to the bazaar by donating household articles. Forty-five (45) business organizations also contributed donations to show involvement in the activities of the Center. This support is in addition to the participant involvement and the effort of the club officers in generating support for the bazaar among their own groups. (See Group Activities)

5. Assist Intelligent Citizen Action on Local, State, and National Measures Affecting Older People by Providing Channels of Information, Education, and Exchange Between Technical Specialists and Citizen Groups

In this past project year, the Center has initiated a First Wednesday Educational Program which aim is to disseminate vital current information to the senior citizen public.

This activity was initially difficult to generate excitement except for the February session on "The Legislature Works for Older People." Our aim was to attract the English-speaking leaders of the social clubs. They could themselves relay the message or to reschedule the topic in their social groups. The resistance has been partially overcome and we are getting good response to educational programs.

The technical persons invited to our Center have been of high caliber that their contributions have been valuable for staff, volunteers, and participants. Much of the information will hopefully find its way back to the participants.

6. Increase the Efficiency and Adequacy of Programs and Services

The Hawaii State Senior Center is conscious of its role as the pilot multi-purpose senior center in the broadest sense of the term. Each of its activities and services is planned in detail including written drafts of the component activities. Minutes are kept on all significant meetings and continuous evaluation is required of each staff person, instructor, and volunteer spearheading specific activities.

Standardized forms have been developed often in consultation with similar senior centers nationally. We believe ours to be a comprehensive reporting system. We have shared the forms used by this Center with the Hawaii State Commission on Aging in the hope that comparable information can be gathered by other State funded centers to evaluate the effectiveness of the Center programs.

7. Identify and Deliniate Areas in which Study and Research are Needed

The Director is the author of the project entitled, "Planning for Independent Living", funded under Title IV (Research and Demonstration Project sponsored by the Hawaii Council for Housing Action, a non-profit action group to develop housing for all age groups). Additionally, the Hawaii State Senior Center has provided the health screening program for participants of the program. The information will be used as baseline data in a three-level intervention model. The project will test the effectiveness of developing intervention techniques to keep older people living independently in public housing units as long as possible. The Director also serves as Chairman of the Advisory Group. He and the Individualized Services Coordinator have advised on the development of the Participant's Workbook to assist participants plan for independent living.

This project is in its second year of operation and works closely with the Hawaii State Senior Center to assure that its participants can and will enjoy all the benefits of a senior center program.

The Hawaii State Senior Center, with the assistance of the Evaluation Officer of the University of Hawaii, is attempting to develop individual participant evaluation to develop instruments to monitor the progress of participants through a period of time at the Center. The results will not be available until after the third project year when the original study group will have been reassessed to determine where they are in pursuing their developmental goals.

The Board supports the participation and involvement of staff in research and developmental activities and this positive attitude will be beneficial to the entire Center movement.

PART II. THE CENTER'S INVOLVEMENT IN JOINT PLANNING WITH OTHER AGENCIES

A. The Senior Center and the Areawide Model

During the past fiscal year, the Hawaii State Senior Center at the request of the Hawaii State Commission on Aging submitted a bid for an Areawide Model of Comprehensive Senior Services to the National Administration on Aging. It was forwarded by the Regional Office as one of two acceptable bids in the Western Region. Hawaii's application did not win National approval as the project did not contain State funds.

An analysis of the Senior Center program at that point revealed that the kinds of activities promoted in the Senior Center responded to the "barriers to meaningful involvement in community life." Over 90 percent of those enrolled in the Hawaii State Senior Center were the result of voluntary walk-ins by older persons seeking a more significant dimension in their present life style.

It is our assumption that at the other end of the elderly human spectrum there is another 10 percent who are in drastic need of human services but are unable to benefit from voluntary walk-in activity. These persons require the outreach contacts, the friendly visitor, home delivered meals, more assistance in finding and keeping supplementary employment opportunities and protective services.

It was our hope that the Center could serve as the core for integrated services to be delivered for and by senior citizens themselves. Admittedly, the costs of these services are more than those services offered to groups within a Center but significantly less expensive than the alternatives of institutional living for those elderly unable to maintain independent living in their present housing arrangement. Hopefully, the Commission will not abandon the attempt to design a more comprehensive program of services and to use a "catchment area" approach to test the feasibility of an Areawide Project.

It is interesting to note the following excerpt from The Gerontologist, Volume 9, Number 4, Winterm 1969: "To date, no community in the United States has developed a comprehensive network of services for the aging and the aged nor a full range of service alternatives to meet the varied and changing needs of the population subsumed under the category 'aging and aged.' To date, the emphasis on social welfare and health care delivery system have been in fitting the individual requirements of the older persons to the system rather than designing the system to meet the special requirements of the aging population. Research around optimal approaches to the organization and delivery of services to the aging is minimal."

B. Matching the Educational Objectives of Honolulu Community College with the Mission of the Senior Center

Learning is a continuous process extending throughout our entire life time. Successful retirement includes the continuous adjustment of attitudes and knowledge about the world about us. Most of our participants have lived through the evolution of the plantation from back breaking labor to present mechanization; through two catastrophic World Wars, Korean and Vietnam Conflicts and have seen the inter-island steamers replaced by jet planes.

The aged have learned to adjust harmoniously to a multi-ethnic community and are themselves the conservators of racial harmony.

As we noted before, the Senior Center attracts the self-directing older person who chooses to find satisfaction of his personal needs through group experiences. And like a Community College where the doors are open for a person over age 18 only a small percentage of the eligible population will actually choose to avail himself of the opportunity. The fact that those actually using the service represent only a small proportion in no way detracts from the community's goal to enrich itself with those who do benefit from the educational system.

The major difference, if any, is the conceptualization of life-time goals. Where the younger participant is concerned chiefly about occupational objectives, the older participant is seeking life satisfaction. Both seek self-development through learning and participation. Self-development is eminently congruent with the objectives of a Community College.

C. Outreach to the Elderly

This project was the brainchild of the City Demonstration Agency. When its first Model Cities Proposal was reviewed at the Regional Office, it was obvious that the elderly was left out of Honolulu's proposal in spite of the statistics which showed a high incidence of impoverished older people residing in the Kalihi-Palama target area. The project was offered to the Honolulu Community College but as the Hawaii State Senior Center was just operational, the project was assigned to the Susannah Wesley Community Center, a private non-profit organization.

The project aimed to hire ten residents as paraprofessionals to provide intensive casework services to 120 older persons in the Model Cities target area.

At the end of the first operational year, the project was not to be refunded. In an effort to sustain the project and to obtain the non-Federal matching for the Areawide Model Project noted above, the City agreed to allow funds allocated to the last three remaining months to be used in the Areawide Model. This would assure an additional three years with the possibility of continuing funding by the Administration on Aging. The Honolulu Community College would have been an excellent sponsoring institution as the object of the project was to create a learning laboratory for persons and organizations wanting to learn more specifics about the aging population and the services needed to keep them happy and well.

D. The Statewide Developmental Plan

During the past year, the Commission on Aging contracted with Tom Way Wong and Associates to prepare a Statewide Developmental Plan for the Aging. As a prelude to the plan, the Commission envisioned the survey of the elderly along lines suggested by the Social Indicators and promoted by the National Administration on Aging but adapted to the local scene.

The crux of the plan is the "Proposed Structure for Hawaii's Program for the Aging." It is apparent that the senior center could best be categorized as addressing itself to "Intellectual and Social Satisfaction." In this category, the defined objective is "Increase the availability, variety of and accessibility to opportunities by which older persons may develop and improve their self-image, maintain positive social relationships and continue to participate in the life of the community. This program category is basically concerned with the adjustive and integrative needs of the aging and the constructive use of leisure time as a satisfying alternative to economic productivity."

This category is a useful tool in analyzing the total range of services needed by senior citizens. As an operational model or as a basis of designing a neighborhood program, the category is too restrictive. It fails to see the elderly as a whole person further fragmenting the delivery of services to him.

The concept of the multi-purpose senior center is essentially a system of delivering integrated services in a given geographic area; services designed especially with the older person in mind. The activities are to be designed at the level of the participant attracting him into group activities and from this point to extend his horizons as far as possible. The effort is to reduce the psychological distance that separates him from available services.

Senior Centers would be remissed in their obligation to keep the community advised if they were to take the easy way out and opt for the assignment only of the objective of Intellectual and Social satisfaction. In doing so, they would ignore the other segment of the older population and create a schism between the psychologically well older person and the socially isolated older person.

PART III. OUTSTANDING CENTER ACTIVITIES OF THE PAST YEAR

Certain activities are already mentioned in this report but are so outstanding that they deserve additional comment. It is a continuous source of amazement to see the activities in action that they may be overlooked in the interpretation of the program.

A. Volunteer Service

The most striking difference in this year's activity as compared to last year is the tremendous increase in volunteer assistance by the participants. We reported only six volunteers over age 55 last year as compared with 55 volunteers over age 55 and 6 volunteers under age 55 for this year. These are volunteers who are screened, trained, and are assigned to perform a specific needed activity which is logged in the records.

The addition of a staff knowledgeable in group dynamics and possessing boundless enthusiasm is the spark for the increased volunteer service activities. The desire for volunteer service is latent with many but it takes a special personality style to ignite the participants.

The Participant Advisory Board has supported the activity by raising funds and creating the prestige that comes from voluntary services. It is a joy to see this service develop as well as it has over the past year.

B. International Dance Group Outreach

An astute volunteer of the Red Cross recognized the value of the multi-ethnic dances performed for fun at the Center in providing entertainment to the many nursing and care homes in the city and encouraged the participants to offer their services. Since then requests for the multi-ethnic groups have mushroomed. More important than the authenticity of their dances is the smiles and good cheer that they bring with them. It is delightful to watch happy people doing the things they enjoy and sharing their happiness with those less advantaged.

A Center Aide has had vast experience in the entertainment field and provides the leadership for this group.

C. Health Services

There was much resistance to this activity because of classical misconceptions about the health needs of older people. We were warned that older people do not want to know about their disabilities, that older people had ample medical services because of Medicare, that they wouldn't understand the meaning of screening. Further, what is the value of screening if they couldn't afford to pay for follow-up medical services?

The over-subscription of the health screening activity is evidence enough that the service makes sense to the participants. We are working on the health education aspects and hopefully, the response will eventually be as great as the health screening activity.

The recent action by the House of Delegates of the Hawaii Medical Association to "encourage future health programs for senior citizen centers and health screening in addition to an annual physical examination by their personal physician" is an accolade to our youthful staff who preserved in spite of the resistance from many quarters. Enough praise cannot be given to the competent personnel at the Department of Health who stood by us and supported us all the way to offer cost-free health screening to senior citizens.

D. Staff Services

The sheer magnitude of paper work would be overwhelming to any staff with less than absolute dedication to the cause of senior citizens. As a demonstration agency, the Director has insisted on more records and planning guides than is required by any comparable agency. The source of motivation has been the appreciative senior citizens themselves. Their effusive thanks and appreciation spurs us on to more and more difficult tasks.

E. Carry-Over Problems

1. Expansion of Facility

In the previous annual report, we identified certain problems which we hope to meet in this fiscal year. The Center is in violation of the building code because of the crowded group activities room. The room is presently rated at 75 capacity and many more are using the facility at least three times a week. The funds have been appropriated by the Legislature, and we hope that action will be taken soon to commence the definitive planning.

2. Lack of Male Activities

The expansion of the Center to allow a male craft room will remedy the present situation. The present activities now engaged by the males are sedentary.

3. More Jobs for Seniors

It is ironic that the special problems of the senior citizen residing in Honolulu, low income in a high-cost area, should receive so little attention by public agencies. This is aggravated by the sense of pride in desiring to remain independent from the largess of welfare assistance. For the emancipated elderly, even the contributions from the family is a burden and if choices were available would rather engage in some form of supplementary employment.

We hope to focus more attention to this changing attitude and to help preserve the fine quality of independence that the elderly now enjoy.

4. Problem Unresolved

Summarizing the activities and accomplishments of the Senior Center, these short two years should give all concerned a sense of achievement - the Commission on Aging for its foresight in developing a pilot center, the University of Hawaii for accepting the challenge, and the participants themselves for their personal achievements as a result of participation.

However, in this session of the Legislature, the funds requested by the University for the continuance of the Center have been transferred to the Department of Budget and Finance, Commission on Aging. The continuity of the project beyond the contract period is clouded and unfortunately the transfer to the Department of Budget and Finance accomplished without the necessary hearing in the Legislature. The assurance of the Legislators that our program is well known and appreciated suffers a credibility gap.

It is hoped that our perceptions of a successful aging program are shared by the concerned ommunity and the value of continuing this activity will receive unanimous support.

Form SRS-AoA-309-A
Revised May 1970
Page 1 of 2

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Administration on Aging
Washington, D.C. 20201

Form Approved
Budget Bureau
No. 83-R0233

GRANTEE REPORT ON PROJECT OPERATIONS

I. GENERAL

REPORT FOR THE FISCAL YEAR ENDING JUNE 30, 19 71

1. Name of Project HAWAII STATE SENIOR CENTER Project No. SF-70-1-1
2. Number of Months Project in Operation this Fiscal Year 12
3. Unduplicated Total Number of Older Volunteers Serving Project 50
4. Unduplicated Number of Older Persons Served Directly 927*
5. Percentage of Total Older Persons Served Who are Considered Low Income 80 %
6. Indicate Groups Served as a Percentage of Total Older Persons Served:

____% American Indian 1.9 % Spanish Surname .1 % Negro 98 % All Other

7. Unduplicated Number of Persons Reached through Mass Media (*Publications, T.V., etc.*) 25,500

II. COSTS AND ACCOMPLISHMENTS BY ACTIVITY:

SERVICE OR ACTIVITY (*See Definitions in Instructions*)	TOTAL COST	FEDERAL SHARE	UNDUPLICATED NUMBER OF OLDER PERSONS SERVED	
DIRECT SERVICES				
HOMEMAKER/HOME HEALTH AIDE				
HOME MAINTENANCE/COMPANIONSHIP SERVICES				
FOSTER HOME PLACEMENT				
MEALS PROGRAMS				Total Number Meals Served Each Week: ____ Number Times Meals Served Each Week: ____
FACILITATION OF HEALTH SERVICES			1,356	
INFORMATION, REFERRAL, AND COUNSELING			2,701	
EMPLOYMENT REFERRAL			*No. Referred or Trained:* ____	*No. Placed in Jobs:* ____
TRANSPORTATION				
ADULT EDUCATION	(See Supplementary Report)			
COMMUNITY SENIOR VOLUNTEER OPPORTUNITIES			50	
RECREATION AND OTHER FREE TIME ACTIVITIES			927	
TRAINING SPECIAL PERSONNEL*				
COMMUNITY PLANNING AND COORDINATION**				
MASS MEDIA				
TOTAL				

*Includes Participating and Associate Members

SUPPLEMENTARY REPORT

STATISTICS TO ASSESS ATTAINMENT OF PROJECT OBJECTIVES

OBJECTIVE NUMBER 1: To establish the concept of a central meeting place for older people to meet their multiple concerns.*

A. Membership (total)	927	
1. Participating	639	
2. Associate	288	
B. Attendance		
1. Members	20,502	
a. Males	3,114	
b. Females	17,388	
2. Guests	10,801	
3. Gross Total	31,303	
4. Unduplicated Count	5,285	(members only)
a. Males	1,159	
b. Females	4,126	
5. Average Daily Attendance	214	
a. Members Only	83	
b. Members and Guests	131	
C. Individual Use of Facilities	45,486	
D. Total Group Visits to Center	16	

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*1971 amended objective: To increase by 20 percent the Hawaii State Senior Center as a central meeting place to meet the needs of older persons.

OBJECTIVE NUMBER 2: To increase the opportunities for older persons to realize his potentialities and capabilities from within this Center.

A. Regularly Scheduled Groups	394
1. Educational	138
2. Recreational	251
3. Administrative	5
B. Special Events	101
1. Educational	16
2. Recreational	19
3. Other Groups	11[a]
4. Administrative	55
5. Informal Table Games	550 (attendance)
Activities Total	495
Sessions Total	1,731
Attendance Total	44,258

C. Report of Participant Characteristics

See attached cumulative report for period ended June 30, 1971.

D. Volunteer Services (by hours)

1. For Center	6,269.5[b]
a. Members	4,491.5
b. Non-Members	1,778.0
2. For Other Agencies	525.5[c]

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[a] May 2nd Bazaar had an estimated attendance of 3,500.

[b] Not included is 193 hours for June 30th Health Day Screening.

[c] Includes 38.5 hours of staff services to Senior Citizens' Culture and the Arts Program; also 110 hours for International Group to Convalescent Center; 260 hours for Title IV Screening from Honolulu Committee on Aging, Outreach to the Elderly, and Title IV Project.

OBJECTIVE NUMBER 3: To provide opportunity for agencies to deliver integrated and coordinated services from within this Center.

A. Variety of Scheduled Activities	Class Size	Actual Count	Average Size	Total Hours
Group Activities by Agencies				
Department of Education, Adult Division				
Monday Sewing	22	1,239	20	187.5
Thursday Sewing	18	660	18	112.5
Cushion and Drapery	16	280	14	50.0
Drafting	16	140	13	27.5
Friday Sewing	20	180	20	27.5
Basic English - Japanese Group	27	894	22	144.0
Basic English - Chinese Group	14	220	10	88.0
Nutrition Class	24	204	17	36.0
Cooking Class - Men	18	107	15	21.0
Cooking Class - Women	24	123	19	21.0
Hawaiian Language	12	181	8	46.0
English Conversation	19	267	13	42.0
Mandarin	28	236	26	18.0
Flower Arrangement	16	158	12	26.0
News Writing	7	99	5	14.0
Subtotals		4,988		861.0
Department of Social Services Vocational Rehabilitation - Ho'Opono				
Variety Program	8	24	5	78.0
Hawaii State Senior Center Staff				
Decoration Group	21	21	21	3.0
Design Crafts	10	204	5	82.0
Filipino Dance Class	12	608	8	85.0
Sketching Group	7	115	7	32.0
Subtotals		972		280.0
HSSC Instructional Volunteers				
Ballroom Dancing	16	64	13	16.0
Birthday Parties	250	2,475	225	24.0
Chinese Social Club	206	8,221	363	143.0
Japanese Social Club	46	1,273	57	123.0

HSSC Instructional Volunteers	Class Size	Actual Count	Average Size	Total Hours
Okinawan Social Club	175	7,165	292	147.0
Hawaiian Social Club	11	140	10	10.0
Lanakila Social Club	69	1,243	54	80.5
Hula Class	18	1,392	16	90.0
Physical Fitness - Women	14	134	10	48.0
Physical Fitness - Men	10	295	7	43.0
Flower Making	8	106	6	36.0
Hobby Sewing	23	571	18	80.0
Hawaiian Seed Craft	8	217	5	81.0
Rainbow Camera Club	50	1,300	50	78.0
Ukulele Group	5	184	5	108.0
Music Group	11	308	8	92.0
Chinese Dance	22	754	19	50.0
Horticulture	18	115	10	11.0
Ceramics	6	22	5	8.0
Japanese Conversation	10	126	5	36.0
Crocheting	11	95	7	26.0
Painting	10	205	6	62.0
Conversation Group	8	83	6	19.5
Bible Study in Japanese	12	143	8	34.0
Tai Chee	14	109	9	12.0
Pearl Bead Stringing	10	28	9	3.0
Group Communication	8	8	7	2.0
Crafts - Wednesday and Friday	12	111	7	30.0
Subtotals		26,887		1,493.0

Senior Citizen's Culture and the Arts Program	Class Size	Actual Count	Average Size	Total Hours
Lecture-Demonstrations		556	51	17.0
Classes				
Rondalla	14	291	10	66.0
Acting (Improvisation)	7	82	5	28.0
Hawaiian Quilting	22	180	15	24.0
Wood Carving	5	24	2	24.0
Excursions to Polynesian Cultural Center		483	97	25.0
Special Event: Flora Pacifica		300		
Subtotals		1,916		184.0
GRAND TOTAL HOURS				3,982.5

International Group Visits to Institutions

Convalescent Center
Hale Nani Hospital
Island Nursing Home
Kailua Senior Citizen's Club
Kida Nursing Home
Laniolu Retirement Home
Lavada's Nursing Home
Makua Alii (Golden Age Club)
Maluhia Hospital
Palama Settlement
Pohai Nani Retirement Home

The above institutions and clubs were visited by our HSSC ethnic group dancers and presented a program of songs and dances to the patients and residents.

B. Summary of Objective Number 3 (These activities are not duplicated in "A. Variety of Scheduled Activities")

Agency	Total Hours	Remarks
United States		
Internal Revenue	4.0	First Wednesday Program
JOB Corps	3.0	Transportation
Social Security Administration	82.0	Organizational Links; Participant Advisory Board. Also includes education and staff consultation.
Tripler Army Medical Center	20.5	Planning
State of Hawaii		
Department of Accounting and General Services	50.0	Lights, water, window repairs, disposal, electrical problems.
Department of Education	2.0	Consultation
Department of Education - Adult Division	17.5	Consultation, New Classes.
Department of Health	97.0	Casework, staff consultation, education, screening, public health nurses aides, Participant Advisory Board.
Human Services Center	2.0	Planning

Agency	Total Hours	Remarks
State of Hawaii		
Department of Labor and Industrial Relations	10.0	Staff consultation.
Lanakila Health Center	74.0	Health screening (PHN); Outreach Program.
Lanakila School	48.0	Thanksgiving Luncheon
Department of Social Services		
Public Welfare Administration	5.0	Linkages; consultation to staff.
Hawaii Housing Authority	28.0	Linkages and Participant Advisory Board.
Vocational Rehabilitation		
Ho'Opono	3.0	Health Planning
Department of Labor (Employment Service)	6.0	(Insurance) Planning
State Foundation on Culture and the Arts	4.0	Dramatic Class
State Hospital	32.0	Outreach Program
State Library Services	22.5	Library Program Planning
Department of Taxation	10.0	Administrative; casework; consultation to staff.
University of Hawaii		
Honolulu Community College	75.0	Fiscal management, Participant Advisory Board, Support, Office and Audio-Visual Equipment, Trucking.
Gerontologist	4.0	Consultation
Evaluation Officer	4.0	Evaluation
School of Public Health	28.5	Consultation, planning
School of Social Work	2.0	Consultation
School of Nursing	6.0	Consultation
EPDA Institute	200.0	Volunteer Instructors
ETV	2.0	Consultation
Educational Psychology	3.0	Consultation
School of Dental Hygiene	18.0	Health Education Program
City and County of Honolulu		
Committee on Aging	46.0	Linkages; Aides; consultation; health screening; Participant Advisory Board.

Agency	Total Hours	Remarks
City and County of Honolulu		
Outreach to the Elderly	102.0	Health Screening, Outreach
Model Cities Educational Center	3.0	Consultation
Honolulu Fire Department	3.0	Planning and Health Education.
Private Agencies		
HCAP-CEP	1,383.0*	Manpower services by trainees including clerical, maintenance, groundskeeping.
American Red Cross	428.0	Consultation; volunteers; Health Day volunteers; transportation; planning; group outreach.
Musicians' Union	5.0	Entertainment at birthday parties; Thanksgiving party.
Hawaii Council for Housing Action	152.0	Staff consultation, health screening and planning.
Hawaii Dental Association	2.0	Consultation
Honolulu Dental Society Department of Dentistry	3.0	Consultation
Hawaiian Telephone Company	6.0	Consultation, planning, employment.
Meadow-Gold Dairies	16.0	Nutrition Classes
Hawaii Economic Development Corporation	8.0	Planning
Palolo Chinese Home	4.0	Group Outreach
Dr. Francis Ikezaki	3.0	Health Day Education
Dr. Tsuyoshi Yamashita	3.0	Health Day Education
Lanakila Crafts	4.0	Consultation
Hawaii Medical Association	2.0	Consultation
American Cancer Society	4.0	Planning
Legal Aid Society	3.0	Planning
Assistance Guild	15.0	Hearing Screening
Hawaii Heart Association	5.5	Screening

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*HCAP-CEP (Work Experience I)

Hayluo Matias	656 hours	(became HSSC Center Aide in November 1970)
Wayne Akana	435.5	
Robert C. Anderson	166.0	
Solinuu F. Fonoti	64.0	
Vaifale Pusi	61.5	

Total hours: 1,383

OBJECTIVE NUMBER 4: To individualize services to older persons.

Services to Individuals	Cumulative Total
A. Registration Interviews	306
1. Males	99
2. Females	207
B. Informal Contacts	626
C. Informational Interviews	316
D. Counseling Interviews	134
E. Referrals	807
1. To Center	536
2. From Center	271
a. In-House	112
b. Outside Agency	159[a]
F. Outreach	161[b]
G. Follow-up	240
H. Health Screening	1,018[c]
I. Health Education	338
J. Bus Passes Issued	417

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[a] Includes 13 Hawaii Five-O Employment Referrals
[b] Total includes 28 families
[c] Includes 86 Title IV Participants

NOTE: A report of participants' reactions to the Program is being tallied by the Evaluation Officer of the University of Hawaii and will be reported when completed.

MONTHLY REPORT OF PARTICIPATING MEMBERSHIP CHARACTERISTICS

Date Report Period Ended June 30, 1971 (Cumulative)

1.

Total	640	Enrolled Participants	Terminations
Sex:			
Male	182		1 (male)
Female	458		

Gross Total (including Guests and Associate Membership)* 639 + 288 = 927

2. National Minority Category

National Minority Category	Number	% of Total
A. American Indian		
B. Spanish Surname	8	1.9%
C. Negro	2	.1%
D. All others (Orientals, Hawaiians, etc.)	629	98.0%

3. Ethnic Distribution in Project Target Area

Ethnic Group in Target Area	% in Area	Actual Number Enrolled	% of Total Enrolled
Japanese	39%	338	53.0%
Part Hawaiian	16%	31	5.0%
Caucasian	15%	10	2.0%
Filipino	14%	16	2.5%
Chinese	11%	223	33.0%
Other	3%	7	2.0%
Hawaiian	2%	14	2.5%

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* Characteristics of Guests and Associate Membership are not included in this report.

4. Age	% of 55+ in Area	Actual	% of Total
55 - 59	36%	47	8.2%
60 - 64	28%	100	16.8%
65 - 69	15%	205	31.0%
70 - 74	11%	139	18.8%
75 - 79	6%	84	14.0%
80 - 84	3%	54	9.2%
85 +	1%	10	2.0%

5. Education	Area Distribution	Actual	% of Total
No School	4%	85	11.8%
1 - 4 years	7%	151	23.5%
5 - 8 years	19%	246	37.0%
9 - 12 years	57%	121	18.5%
1 - 2 years college	6%	16	4.6%
3 - 4 years college	5%	14	4.4%
5 years and over	2%	6	.2%

6. Individual Income	Area Distribution	Actual	% of Total
Under $3,000	11%	541	84.6%
$3,000 to $4,999	14%	49	8.4%
5,000 to 6,999	22%	29	4.3%
7,000 to 9,999	24%	16	2.5%
10,000 to 14,999	20%	2	.1%
15,000 and up	9%	2	.1%

7. Single Family Participants

	Target Area Male	Actual	Target Area Female	Actual
Widowed	8%	1%	25%	35%
Divorced and Separated	10%	1%	15%	5%
Single (never married)	82%	1%	60%	2%

8. Marital Status by Sex (over 17 years)	Male	Actual	Female	Actual
Married	67%	97%	65%	58%
Unmarried	33%	3%	35%	42%

9. Hard to Reach Participants by Percentage of Total Membership

(Compared to 1969 National Survey)*

			Actual HSCC
a.	Persons having Center as main activity	(58)	20%
b.	Persons living alone	(52)	12%
c.	Financially impoverished participants ($2,000 single and $4,000 couple)	(32)	60%
d.	Male Participants	(29)	29%
e.	Minority Group Participants	(19)	100%
f.	Disabled Participants	(11)	3%

APPENDIX A

Dr. Gerald M. Meredith
Evaluation Officer
University of Hawaii

FINDINGS OF THE SECOND PARTICIPANT EVALUATION SURVEY

The Participant Evaluation Survey II represents a refinement of the device constructed, administered and reported in the First Annual Report of the Hawaii State Senior Center (1970). The purposes of the annual survey were manifold: (a) to obtain "feedback" from program participants regarding Center experiences that may be incorporated into 1971-72 planning, (b) to devise a means of assessing the extent to which objectives of the Center were fulfilled, (c) to develop and maintain a data-base for the measurement of program trends over time, (d) to generate consensual information that may be used to compare the Center participants with comparable gerontological groups elsewhere, (e) to detect "problem" areas in the program and allow participants to give solutions or suggestions, (f) to provide guidelines for the future direction and organization of the program, and (g) to pinpoint areas of research endeavor by investigators in the field of aging.

1. Frequency of Attendance: Attendance at the Center appeared to be bimodal; two values emerged as popular attendance frequencies. A third of the respondents endorsed "once a week," while another third endorsed "more than three times a week." Possibly these findings are related to a proximity factor that needs more intensive study.

2. Transportation Needs: Public transportation was reported available by nearly three-quarters (70.3%) of the group. Only about a third responded that they would come more often if transportation was provided by the Center. Possibly, the Center should consider transportation for special "target" groups on an experimental basis.

3. Perceived Personal-Interactional Outcomes: One of the major objectives of the program is to increase the positive relationships between individuals and the "group life" of the Center. The respondents reported that working in a group was one of the major outcomes that they developed (81.1% endorsement). This was followed by learning to express one's feelings in a more open manner (64.9%).

4. Communication Skills and Competencies: Interpersonal communication appears to be one of the important outcomes of the program. Nearly all (95.5%) of the respondents reported making a new

friend at the Center. Learning where to go when help is needed emerged as another well-endorsed outcome (68.5%). However, the development of personal leadership or group leadership roles only were endorsed by a third of the group. Only about half (46.8%) reported an improvement in English language usage, or ability to use the telephone (44.1%). Since many of the participants use a native language other than English, it was not expected that there would be salient gains in these language skills.

5. Resolution of Cognitive Dissonance and Comfort: The Senior Center is a polyethnic community and provides an opportunity for individuals to interact and communicate with members of other ethnic groups. The results of the survey indicated that over half (55.9%) of the respondents feel more comfortable with people of a different ethnic culture, and with people of different ideas (55.9%). Being better able to cope with persons having sensory-motor handicaps did not improve markedly (39.6% endorsement).

6. Information-Seeking Behaviors: Over half (55.0%) reported feeling more comfortable about seeking assistance regarding problems. The area of greatest gain appeared in the health sector (44.1% endorsement), while the lowest were employment (7.2%) and housing (9.0%). It was interesting to note that nearly a third (30.6%) reported that they had not requested help, and only a fraction (8.1%) had not received help.

7. Impact of Health Day Screening: The impact of the Health Day Screening Program was indicated in several item options. Nearly half (43.2%) responded that they feel better about their health because of the Health Day Program. Over a third (38.7%) indicated that they had learned something new about their body and how to keep it well. These findings are compatible with the findings of the Health Opinion Survey, and support the continued diagnostic and supportive function of the Health Day Program.

8. Problem-Solving Skills: A third (33.3%) or the group learned to be a member of a club or committee, as well as how to seek assistance to solve problems (27.9% endorsement). There are some increase in knowledge about the workings of Government (24.3%), and how to organize special projects or parties (21.6%). The pace of learning must be about right, since only a small number (14.4%) made suggestions for new learning experiences that they would like to have in the program.

9. Motivation for Coming to the Center: Seven reasons (or "motives") were presented to the respondents for coming to the Center. This item was included in the survey to test hypotheses proposed by the staff to account for attendance. The three most typical reasons that emerged were: "I feel at home here" (76.6% endorsement), "I can meet with friends here" (74.8% endorsement), and "I belong to a club" (66.7%). These three reasons have been referred to as the (1) surrogate home; (2) instrument-social; and (3) social affiliation motives, respectively. The three least important reasons for attendance were: "I'm teaching a class" (8.1%), "I am not too happy staying at home" (24.3%), and "I have nothing to do at home" (26.1%). These latter three reasons have been referred to as the (1) social obligation; (2) escapism; and (3) boredom motives, respectively. It is clear that the participants are attending the Center for its positive merit and social-personal offerings.

10. Perception of Center Needs: The last three items of the Participant Evaluation Survey II dealt with the relationship between the participant and the Center needs. A total of 60.4 percent responded that they have become more concerned about keeping the Center clean, and a third (36.0%) perceived the need to visit sick members at home or in the hospital (an extension of the "community" concept). There was recognition that the Center does not have enough volunteer help (32.4% endorsement), but only about a quarter of the respondents (29.7%) indicated that they would like to serve as volunteer workers.

SUMMARY

The findings of the Participant Evaluation Survey II support the hypothesis that the Center experience is having a favorable impact upon the personal and social life of the participants.

STATISTICS WILL BE AVAILABLE AT THE OFFICE OF THE HAWAII STATE SENIOR CENTER.

Gunder A. Myran
Associate Professor
Higher Education
Michigan State University

REPORT ON THE
HAWAII STATE SENIOR CENTER
HONOLULU, HAWAII

On April 22, 1971, Mr. Charles W. Amor, Executive Director of the Hawaii State Senior Center, requested that I prepare a paper on the Center based on my visit there in March. I subsequently asked a staff member at the Institute of Gerontology at the University of Michigan, Mr. Robert Huber, and a doctoral candidate at the Institute, Mr. Sean M. Sweeney, to work with me on the paper. Mr. Amor requested that the paper touch on the following points:

1. The status of senior citizen programs throughout the United States in Community Colleges.
2. The role Community Colleges should assume for senior citizens.
3. An evaluation of your impressions of the Hawaii State Senior Center.
4. Your opinion as to the continuing role of the Honolulu Community College in sponsoring the Hawaii State Senior Center.

Editorial Note:

Parts I and II are descriptive and provides an excellent statement of the needs of Senior Citizens and the role of Community College Senior Citizen Services. Part II is based on an original survey to Community and Junior Colleges listed in the 1971 Yearbook. Both sections are deleted for purposes of brevity and is available on request. Parts III and IV are reproduced in its entirity to give the reader a perspective different from the staff reports.

The Hawaii State Senior Center

Anyone who has visited the Hawaii State Senior Center would be impressed with the progress that this Center has made in the short time of its operation. The increase in participation by the older people is a good indication of a meaningful program. The outreach program is excellent. The willingness to try new programs and the desire for evaluation shows a very health attitude of the Center's leadership. With this type of leadership, the Center can become an important model for Senior Centers associated with Community Colleges.

The ethnic composition of the older population in Hawaii is such that creative approaches to recognizing and appreciating ethnic differences, while also encouraging inter-cultural activities, are needed; the Center has accomplished this. A visit to the Center to observe the comfortable and easy relationships between the professional staff and the members, and to witness the variety of educational, recreational, and counseling activities, is important in understanding the impact such a Center can have on the lives of the people it serves. Located as it is near a model cities target area, its clientele includes a large number of persons with low incomes. The challenge of attracting and serving a low-income clientele is considerably more complex and difficult than is the challenge of serving the middle class and lower middle class clientele who also attend the Center and participate in its activities.

Many of the persons served by the Center have spent their working lives in the pineapple and sugar cane fields or factories, and have developed a few avocational interests prior to retirement.

Some suggestions are given below for expanding or improving an already excellent program. It should be recognized that the staff has no doubt looked into some of these possibilities or may in fact be presently working to bring about suggested changes. So the statements below should be viewed as "long-distance" suggestions to be modified by those who understand the program more intimately.

To this point, the program and services of the Hawaii State Senior Center seems to be aimed directly at the senior and their needs. The program is excellent but the senior citizen has much to offer the college and the community as well. The senior citizen has a life-time of experience and knowledge that can be used directly or indirectly by the college and community. Some examples of this would be:

1. Senior Citizen-College Student forums in all areas of instruction. These can be informal or formal and held at a place that is the most convenient or comfortable.

2. Senior Citizen-Teacher Aides, resource persons, consultants, etc. Many of the senior citizens have skills that can be used in some way. These programs help the college and benefit the senior citizen by giving them a role and a feeling of being needed.

The State of Hawaii, the University of Hawaii, and the Community College have made the commitment to establish the Senior Center. With this first step taken, courses on Gerontology in the general curriculum of the college, vocational programs for Social Service technicians with Gerontology as a focus, and the inclusion of the concerns of the senior citizen in all health and related programs of the college, would seem to be important next steps. As a part of such a program, the Senior Center can be used as a resource and as a laboratory.

The outreach aspects of the Center are good and continuation of these areas should be maintained and improved. The starting of satellite units on the island could be considered as a long-range future development. These could be in housing projects, nursing homes, etc. Another method that has been used is the mobile unit which can move from location to location.

The senior citizen can be involved in community development work. If the senior citizen is motivated to do work of this type, he can do so much. They have the time and many are known and respected in the community. The talents of retired executives - retailers, bankers, production managers, etc. - have helped many a small, marginal business to avert failure.

The Future Development of the Center

On the whole, the Center is basically, place oriented. While this is a necessary step in the development of the Senior Center, it is important to consider future expansion of the community organization dimension which is defined in the 1970 annual report.

Certainly, an expansion in this area would be compatible with the orientation of the community college. Most people come to the Senior Center. As expansion of staff makes such development possible, the Center could increase its contacts with persons who may be confined in nursing homes who need activities, social contacts, library services, etc., and could expand home support systems for seniors who may not be able to come to the Center. One program which might provide opportunities to get around some of the place orientation is the telephone reassurance network. Copies of a pamphlet published by the University of Michigan Institute for Gerontology on this topic are available.

This Center seems to define itself as primarily a voluntary, drop-in Center. In some ways, this definition does proscribe the limits of its effectiveness. We have indications from other places that suggests a voluntary drop-in Center automatically limits outreach to perhaps 10 percent of the potential population to be served. It seems that the idea of "dropping in" is not compatible to the ideas of many senior citizens. Again, the place orientation of the Center, while absolutely essential at this stage of development, would in some ways place a limitation on future potential.

In some ways, the same point could be made regarding counseling services. The counseling activities of the Center seem to be based on "availability." That is, the counselor is there if anybody needs him. As the staff of the Center becomes more active in raising questions on community problems, this results in an involvement which gives the staff an opportunity to counsel in the midst of problem solving, rather than simply publicizing the fact that counseling is available when anybody needs it.

The Center has staked part of its philosophy on a community organization basis. It has moved to establish a participants advisory committee. We would like to urge that community organization be seen as the tackling of very hard nitty-gritty life issues with the specific purpose of changing a bad life situation. This would mean that changes in the life situation of seniors would be advocated by the community organization dimension. Working out in the community with the large numbers who do not "drop in" is an important challenge to be included here also.

We would also suggest that the Center develop specific ideas about the learning tasks to which the Center program is directed. If the Center has educational purpose, what behavioral change is being sought through the programs currently conducted? What are the behavioral change objectives?

We would also suggest that the Center state what educational activities have caused the community to develop new roles for senior citizens. There is some indication that activities in the area of employment are offered, but are there new roles in the community developing in government, the business world, in churches, in schools, in families, in public housing, in medical care facilities, in transportation systems, in mental health facilities, in adult and social systems? Where are seniors actually used, not benevolently, but as whole participants in the community?

These are big issues which perhaps should not be dropped on a developing and relatively new staff after a relatively short period of operation. Yet, it would be hoped that these issues would be studied as the Center works toward a genuinely therapeutic community for senior citizens.

Other possibilities for services are suggested by the previous section on "Roles of the Community College." But these suggestions and those above, should in no way detract from a recognition of excellence in present programming. In fact, it is important to keep constantly in mind the limitations for expanded service imposed by staff size, and to emphasize the appropriateness of present priorities and programs established by the staff.

We would commend the Center for its work in getting at such areas of multiphasic health screening, basic English courses, their effort to recognize persons through birthday celebrations, etc. We would particularly commend them for their involvement with a number of agencies throughout the community in the development of the various aspects of their program.

The Future Role of the Senior Center

We definitely recommend a continuing relationship between Honolulu Community College and the Hawaii State Senior Center, and the continuation of the funding of the Center through an appropriation by the State Legislature. In addition, we recommend further funding from community college; university; and community, state, and federal agency sources, where this is appropriate. Among community colleges, the Hawaii State Senior Center can play a true leadership role in demonstrating how comprehensive services to senior citizens can be provided.

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